

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/26/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>157608</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>02/27/2013</b>	
NAME OF PROVIDER OR SUPPLIER  <b>HOOSIER HOMECARE SERVICES LLC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1240 MERIDIAN ST</b> <b>ANDERSON, IN 46016</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
G 000	INITIAL COMMENTS  This was a federal home health complaint investigation.  Complaint # IN 00123329 - Substantiated: No deficiencies related to the allegation are cited. Unrelated deficiencies are cited.  Survey Date: February 27, 2013  Facility #: 011757  Medicaid Vendor #: 200913590  Surveyors: Susan Sparks, RN, Public Health Nurse Surveyor, Team Leader Bridget Boston, RN, PHNS, Team Member  Quality Review: Joyce Elder, MSN, BSN, RN March 5, 2013  This survey was modified as the result of an IDR 3/20/13. je			G 000			
G 229	484.36(d)(2) SUPERVISION  The registered nurse (or another professional described in paragraph (d)(1) of this section) must make an on-site visit to the patient's home no less frequently than every 2 weeks.  This STANDARD is not met as evidenced by: Based on clinical record review, policy review, and interview, the agency failed to ensure the Home Health Aide (HHA) supervisory visits were conducted every 14 days for 2 of 6 clinical records reviewed of patients receiving HHA and			G 229			3/8/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/26/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>157608</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>02/27/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOOSIER HOMECARE SERVICES LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1240 MERIDIAN ST</b> <b>ANDERSON, IN 46016</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
G 229	<p>Continued From page 1</p> <p>Skilled Nursing (SN) services with the potential to affect all the agency's patients receiving both services. (# 5 and 6)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Clinical record 5, start of care (SOC) 10/27/12, contained a plan of care for the certification period 12/26/12 to 2/23/13 with orders for HHA 2 times a week times 8 weeks, 1 time a week times 1 week and a SN 1 times a week for 9 weeks. The clinical record failed to evidence a supervisory visit between 12/26/12 to 1/15/13, a time frame of 25 days.</li> <li>2. Clinical record #6, start of care 10/1/12, contained a plan of care for the certification periods 11/30/12 through 1/28/13 and 1/19/13 through 3/29/13 with orders for HHA and SN daily for 60 days. The SN services were discontinued 2/1/13. Home health aide supervisory visits were conducted on 12/18/12 and not again until 1/28/13 and not again until 2/15/13.</li> </ol> <p>On 2/27/13 at 5:34 PM, employee E indicated there were no other supervisory visits recorded between the dates of 12/18/12 and 1/28/13 and 1/28/13 and 2/15/13.</p> <ol style="list-style-type: none"> <li>3. The agency's undated policy titled "Home Health Aide Supervision" policy # C-340 states, "When skilled services are being provided to a patient, a registered nurse / therapist must make a supervisory visit to the patient's residence at least every two (2) weeks ... to assess relationships and determine if goals are being met."</li> </ol>	G 229			